

CONFIDENTIAL

2024 GROUP INSURANCE & RETIREMENT BENEFITS SURVEY REPORT



WCBC Published Surveys Report Highlights



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More than 400 Positions

- Operations/Administration
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- Information Technology
- Marketing & Sales
- Engineering & Technical
- Logistics, Manufacturing & Distribution



Western Compensation
& Benefits Consultants

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Percent of Organizations			
Executive	Mgmt./Sup.	Prof. & Tech.	Clerical/ Admin.

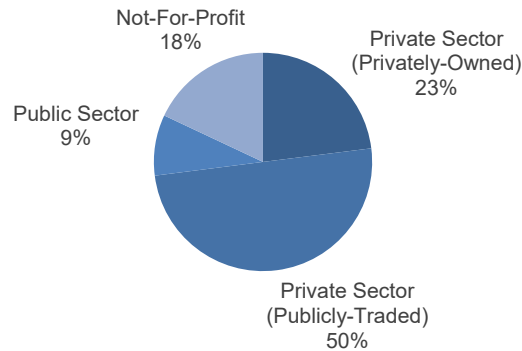
Vision Care

1 Vision care covered in extended health plan				
Yes	91.4	91.2	90.4	90.2
No	8.6	8.8	9.6	9.8
2 Reimbursement level for vision care claims				
100% up to the vision care dollar maximum	78.5	76.8	76.8	75.4
90% up to the vision care dollar maximum	1.3	1.3	1.4	1.4
80% up to the vision care dollar maximum	19.6	20.6	21.1	22.5
Less than 80% up to the vision care dollar maximum	0.6	1.3	0.7	0.7
3 Lenses/frames/contacts				
a. Covered under plan				
Yes	89.5	91.0	90.1	89.9
No	10.5	9.0	9.9	10.1
b. Maximum dollar amount per covered individual				
Average	\$321	\$317	\$313	\$310
Median	\$300	\$300	\$300	\$300
c. Term maximum is based on				
24 months for all covered individuals	87.1	82.5	83.7	83.2
12 months for all covered individuals	1.4	1.4	1.6	1.6
24 months for adults and 12 months for dependent children	11.6	16.1	14.7	15.2
4 Eye exams				
a. Covered under plan				
Yes	97.5	98.7	98.6	98.5
No	2.5	1.3	1.4	1.5
b. Maximum combined with lenses/frames/contacts				
Combined with vision care maximum for lenses/frames/contacts	15.4	16.3	14.5	15.7
Separate from vision care maximum for lenses/frames/contacts or plan only covers eye exams	84.6	83.7	85.5	84.3
c. Maximum dollar amount per covered individual				
Maximum	57.6	56.3	55.9	58.4
Only "reasonable and customary" applies	42.4	43.8	44.1	41.6
d. Maximum dollar amount per covered individual (excluding "reasonable & customary" amounts)				
Average	\$102	\$103	\$103	\$104
Median	\$100	\$100	\$100	\$100
e. Term maximum is based on				
24 months for all covered individuals	70.9	65.7	66.0	63.9
12 months for all covered individuals	10.0	10.2	11.0	11.3
24 months for adults and 12 months for dependent children	19.1	24.1	23.0	24.7
5 Laser eye surgery				
a. Covered under plan				
Yes	58.6	58.5	60.9	58.5
No	41.4	41.5	39.1	41.5
b. Maximum combined with lenses/frames/contacts				
Combined with vision care maximum for lenses/frames/contacts	95.5	93.0	92.6	92.1
Separate from vision care maximum for lenses/frames/contacts	4.5	7.0	7.4	7.9
c. Maximum dollar amount per covered individual				
Average	\$1,500	\$1,280	\$1,280	\$1,280
Median	\$1,250	\$1,000	\$1,000	\$1,000

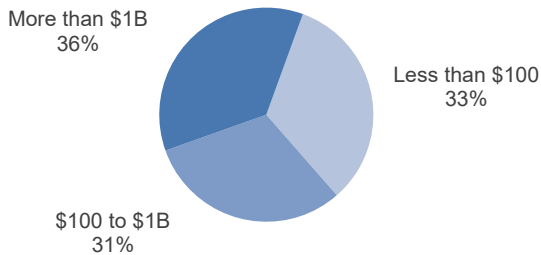
SECTION 4: SURVEY PARTICIPANTS

A total of 468 organizations provided data for this survey. The participants are broken down below by economic sector, annual revenues, number of employees and type of business.

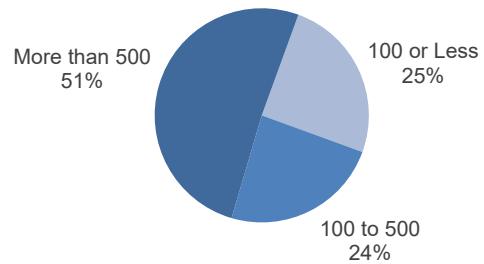
Sector of Economy



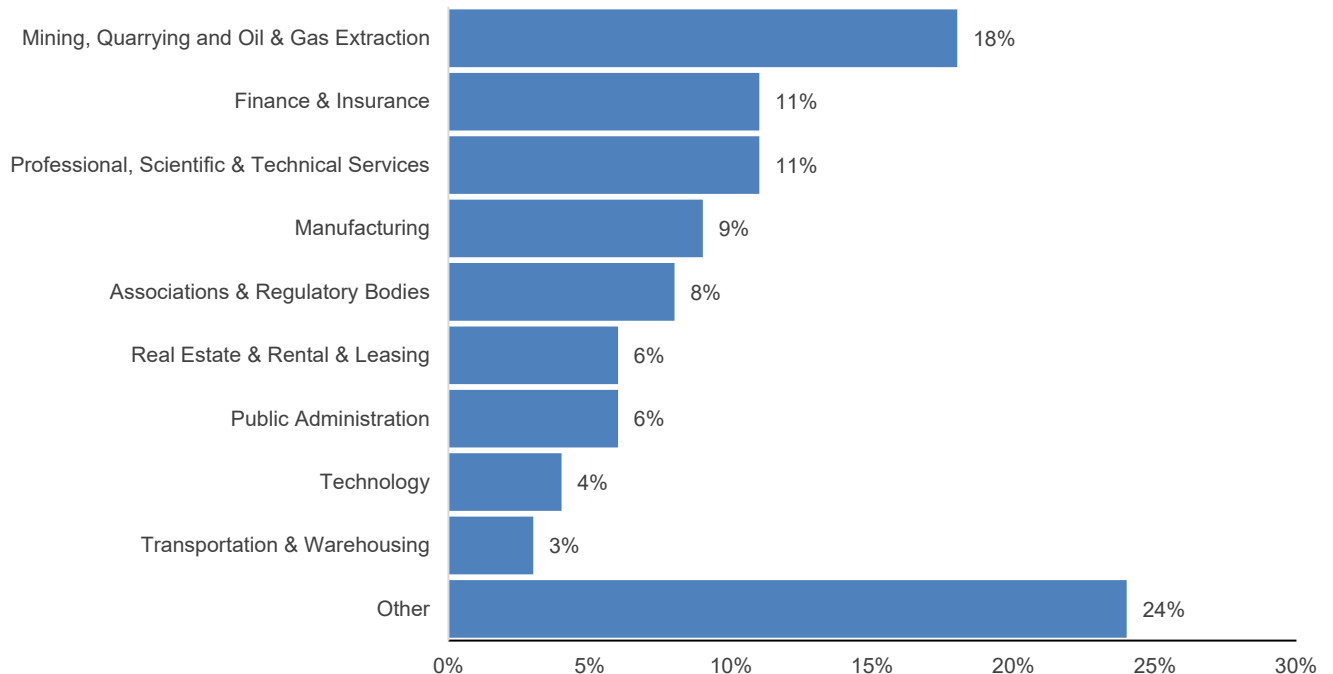
Annual Revenues (in \$Million)

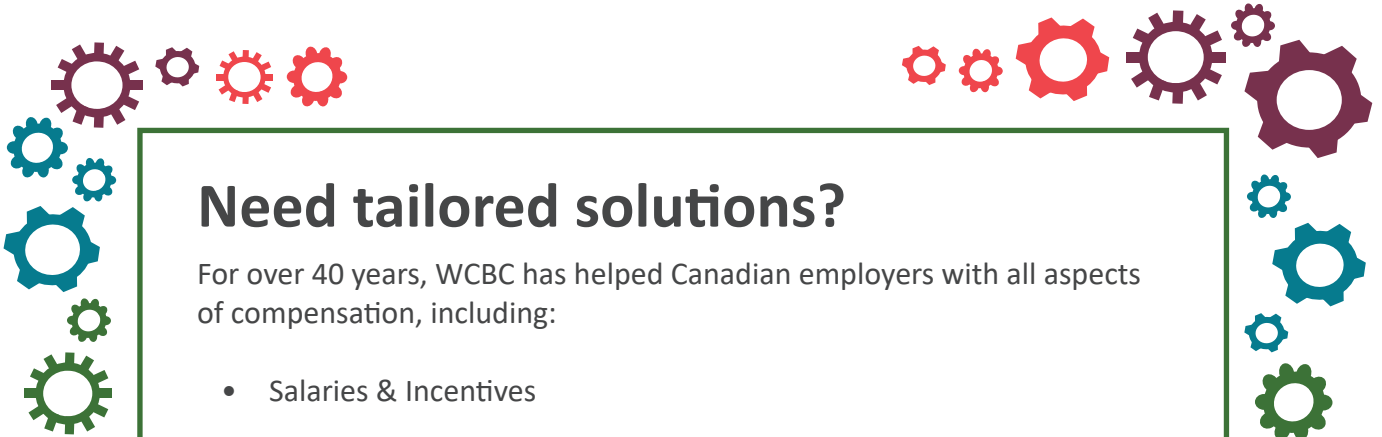


Total Number of Employees



Business Classification





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- Compensation Administration & Management

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